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ISSUE SLIP TABLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.
FEE DETERMINATION		
O.I.P.E. CLASSIFIER		
FORMALITY REVIEW	PAH	57533/

INDEX OF CLAIMS

✓ ..... Rejected  
= ..... Allowed  
- (Through numeral) Canceled  
+ ..... Restricted

Claim	Final	Original	Date
1	✓		
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50	✓		

Claim	Final	Original	Date
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52	✓		
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Claim	Final	Original	Date
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BEST AVAILABLE COPY  
More than 150 claims or 10 actions  
File additional sheet here

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